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www.health.ri.gov

Interim Advisory for Long Term Care Facilities

Date: May 11, 2009
To: Long-term Care Facilities
From: Director of Health, David R. Gifford, MD, MPH
Re: Interim Guidance for H1N1 Virus (Swine Influenza) in RI

Reporting Requirements

Report clusters and outbreaks immediately to HEALTH's Center for Epidemiology and Infectious Diseases at 401-222-2577(8:30am–4:30pm) or 401-272-5952 (4:30pm–8:30am). Directions for any specimen collection will be given at this time.

Definition of an institutional cluster/outbreak at a long-term care facility:

- Two (2) or more cases of influenza-like illnesses described as fever and cough or sore throat

CDC-related Case Definitions

- Cluster: Three or more cases of acute febrile respiratory illness (AFRI) occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).
- Outbreak: A sudden increase of AFRI cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Long-term Care Facilities

At this time, no outbreaks of novel influenza A (H1N1) have been reported in long-term care facility settings. However, if such outbreaks were to occur, aggressive strategies should be started as early as possible to reduce the spread of the virus, given the risk of complications from influenza for this population.

Recommendations regarding chemoprophylaxis in the context of an outbreak of novel influenza A (H1N1) in any long term care facility will be made by HEALTH on an individual basis.

Managing Outbreaks

When outbreaks occur in long-term care settings, specific measures should be taken to limit transmission:

- Implement droplet precautions for all patients with suspected or confirmed influenza.
- Where possible, establish cohorts of patients with influenza-like illness by separating symptomatic (fever AND cough or sore throat) ILI patients from asymptomatic patients. (See below for plan for cohorting)
- Limit staff movement from areas with outbreaks to other units and buildings.

- If available, administer the current season's influenza vaccine to unvaccinated patients, residents, and healthcare personnel. Follow current vaccination recommendations for nasal and intramuscular influenza vaccines.
- Re-offer influenza vaccinations to unvaccinated staff and patients.
- Restrict staff movement in general between wards or buildings.
- Restrict contact between ill staff or visitors and patients.

Recommendations for staff during an influenza outbreak

- Provide sick individuals with a facemask (if tolerable) to reduce the spray of respiratory secretions into the environment when they are with other residents or staff.
- Require direct care staff to wear surgical face masks with symptomatic residents
- Plan for implementation of Respiratory Hygiene/Cough Etiquette throughout the facility. (www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm.)
- Enforce visitor limitations. Visitors with fever and cough or sore throat should not visit during the time of a HEALTH-reported influenza outbreak.

Cohorting strategies

- Confine symptomatic residents and their exposed roommates to their room.
- If feasible, place symptomatic residents together in one area of the facility, or rearrange units where symptomatic and asymptomatic residents reside (i.e., try to restrict all residents to an affected unit).
- When possible, staff who are assigned to work on affected units should not work on other units.

How to Minimize the Spread of Influenza Like Illness

- Let residents who are sick use a separate room and bathroom, if possible.
- In larger rooms, create temporary physical barriers between beds using sheets or curtains.
- Separate sick individuals by 3 to 6 feet when possible.
- Have them avoid common living areas when possible.
- Dedicate a limited number of staff members to be caregivers of residents who are sick. (Staff members should not be pregnant women).
- Remind residents and staff to wash hands often, using soap and water or an alcohol-based hand rub.
- Open windows in sleeping areas, group rooms, and restrooms to maintain good ventilation in shared areas when possible.

References

- Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine Origin Influenza (H1N1): <http://www.cdc.gov/h1n1flu/identifyingpatients.htm>
- Long-term Care and Other Residential Facilities Pandemic Influenza Planning Checklist: <http://www.pandemicflu.gov/plan/healthcare/longtermcarechecklist.html>